U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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E	AUG 1 5 2005
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1. File Number U - 9027

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name	SUSAN	M BABCOCK	Name	OHIO EDUCATION AS	SSOCIATION	
			Labor	Organization File Number	512-490	
P.O. Box, Bldg., Room No., if any			P.O. E	Box, Building and Room Nur	mber, if any PO BOX 2550	
Street	446 PARK BLVD		Street	225 E BROAD ST		
City	WORTHINGTON		City	COLUMBUS		
State	Ohio	ZIP Code + 4 43085	State	Ohio	ZIP Code + 4 43216	
5. Posit	5. Position in labor organization.					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any).			7.a. Nat	ure of Interest, Transaction,	or Income.	
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
			7.b. Am	ount.		
Street						
City						
State		ZIP Code + 4				
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						

8/12/2005

Date

614-227-3018

Telephone Number

s = 1					
Name of Person Filing SUSAN BABCOCK	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise				
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	c. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. LONGABERGER BASKET				
Name CONFERENCE CENTER AT NORTHPOINTE					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 9243 COLUMBUS PIKE					
City LEWIS CENTER					
State Ohio ZIP Code + 4 43035					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$75				

Name of Person Filing SUSAN BABCOCK	File Number U-					
Part C Continuation Page						
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Name CONFERENCE CENTER AT NORTHPOINTE						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street 9243 COLUMBUS PIKE	:					
City LEWIS CENTER						
State Ohio ZIP Code + 4 43035						
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$40					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:	:					
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					
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Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., îf any						
Street						
City						
State ZIP Code + 4						
13.b. Is the Business an Employer	14.b. Amount of payment.					

Form LM-30 (2003)